PTC/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control num

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

AUG 0 3 2007

Application Number	10/608,862			
Filing Date	06/27/2003			
First Named Inventor	ntor M. Bret Schneider			
Title	Computer-Assisted Manipulation etc.			
Art Unit	3763			
Examiner Name	Christopher Koharski			
Attorney Docket Number	TeleCath I			

I hereby revoke all previous powers of attorney given in the above-identified application.				
I hereby appoint:				
Practitioners associated with the Customer Number:	with the Customer Number: 42293			
Practitioner(s) named below:				
Name		Registration Number		
as my/our attorney(s) or agent(s) to prosecute the application ident Trademark Office connected therewith.	ified above, and to trar	nsact all business in the United States Patent and		
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number:				
OR				
The address associated with Customer Number: OR				
Firm or Individual Name				
Address				
City	State	Zip		
Country Telephone	Email			
l <u>am</u> the:	Linair			
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
Man A Signature of Applicant or Assignee of Record				
Signature ////		-Date 7/6/01		
Name M. Bret Schneider Telephone (650) \$49-0350				
Title and Company Inventor				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
*Total of 3 forms are submitted.				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTC/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

AUG 0 3 2007

اپر ا

nder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control numb

Application Number 10/608.862

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a conection or made	THE BOTH BY		
Application Number	10/608,862		
Filing Date	06/27/2003 M. Bret Schneider Computer-Assisted Manipulation etc. 3763		
First Named Inventor			
Title			
Art Unit			
Examiner Name	Christopher Koharski		
Attorney Docket Number	TeleCath I		

I horoby royales all provious powers of atternoy siyon	in the above ide	ntified application		
I hereby revoke all previous powers of attorney given in the above-identified application.				
I hereby appoint:				
✓ Practitioners associated with the Customer Number: 42293		93		
OR				
Practitioner(s) named below:				
Name		Registration Number		
as my/our attorney(s) or agent(s) to prosecute the application identi Trademark Office connected therewith.	fied above, and to tra	ansact all business in the	e United States Patent and	
Please recognize or change the correspondence address for the at	ove-identified applic	ation to:		
The address associated with the above-mentioned Custon OR	ner Number:			
[<u> </u>				
The address associated with Customer Number: OR				
Firm or Individual Name				
Address				
City	State		Zip	
Country				
Telephone	Email			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature. Dard Mishellirich Q		Date	07/05/57	
Name David J. Mishelevich		Telepho	ne (310) 801-6733	
Title and Company Inventor				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
*Total of 3 forms are submitted.				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTC/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

r the Paperwork Reduction Act of 1995, no persons are requir

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

AUG 0 3 2007

PART & TRADE

ed to respond to a collection of info	imation unless it displays a valid OMB control number.		
Application Number	10/608,862		
Filing Date	06/27/2003		
First Named Inventor	M. Bret Schneider		
Title	Computer-Assisted Manipulation etc.		
Art Unit	3763		
Examiner Name	Christopher Koharski		
Attorney Docket Number	TeleCath I		

I hereby revoke all previous powers of	fattorney given in the	above-identified app	lication.			
I hereby appoint:						
Practitioners associated with the Customer Number:		42293				
Practitioner(s) named below:						
Name		Regist	ration Number			
			the same of the sa			
	-	with the second				
as my/our attorney(s) or agent(s) to prosecute t	he application identified abo	ve, and to transact all but	siness in the United States Patent and			
Trademark Office connected therewith.						
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR						
Firm or Individual Name						
Address						
City		State	Zip			
Country		<u> </u>				
Telephone		Email				
1 am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
Signature Signature Signa						
Name Stephen B. Guss Telephone (973) \$38-7938						
Title and Company Inventor						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total of 3 forms are subm	itted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.